

SERFF Tracking Number:	OCCD-125950714	State:	Arkansas
Filing Company:	Acceptance Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-583		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Commercial Auto/ Garage Program		
Project Name/Number:	/		

## Filing at a Glance

Company: Acceptance Casualty Insurance Company

Product Name: Commercial Auto/ Garage      SERFF Tr Num: OCCD-125950714      State: Arkansas

Program

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0002 Garage

Co Tr Num: 08-583

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Latesha Debnam

Disposition Date: 12/19/2008

Date Submitted: 12/18/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):  
03/01/2009

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time we wish to file form CO 00 68 09 08

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: OCCD-125950714 State: Arkansas  
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Product Name: Commercial Auto/ Garage Program  
Project Name/Number: /

Latesha Debnam, State Filing Analyst ldebnam@ofc-wic.com  
702 Oberlin Road (919) 833-1600 [Phone]  
Raleigh, NC 27605 (919) 833-8535[FAX]

**Filing Company Information**

Acceptance Casualty Insurance Company CoCode: 10349 State of Domicile: Nebraska  
702 Oberlin Road Group Code: 225 Company Type: Property and  
Casualty  
Raleigh, NC 27605 Group Name: IAT Group State ID Number: 03  
(919) 833-1600 ext. 8164[Phone] FEIN Number: 47-0792732  
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acceptance Casualty Insurance Company	\$50.00	12/18/2008	24623433

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

<i>SERFF Tracking Number:</i>	<i>OCCD-125950714</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

## **Disposition**

Disposition Date: 12/19/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125950714 State: Arkansas  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage  
 Product Name: Commercial Auto/ Garage Program  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Monthly Payment Agreement	Approved	Yes

SERFF Tracking Number: OCCD-125950714 State: Arkansas

Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Monthly Payment Agreement	CO 00 68	09 08	Policy/CoveNew rage Form		9.70	CO 00 68 09 08 (3).pdf

POLICY NUMBER:

CO 00 68 09 08

## MONTHLY PAYMENT AGREEMENT

Named Insured:

The premium for the policy shown shall be payable to the Company in \_\_\_\_ monthly payments. No finance charge has been added and none will be made for the Monthly Payment Agreement.

\_\_\_\_ % down payment is due at inception.

The Named Insured will make the monthly payment when due and in the amount shown below. The Company may cancel the policy in accordance with its terms for non-payment of premium if the Named Insured fails to make any payment when due.

PAYMENT DUE DATE: The \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and the \_\_\_\_ day each month thereafter for a total of \_\_\_\_ monthly payments.

	Premium	<input type="checkbox"/> Taxes	<input type="checkbox"/> Fees	Total
ESTIMATED ANNUAL PREMIUM	\$ _____	\$ _____		\$ _____
AMOUNT DUE AT INCEPTION	\$ _____	\$ _____		\$ _____
MONTHLY PAYMENT	\$ _____	\$ _____		\$ _____

- ☐ Changes in the policy involving additional or return premiums will be reflected in an amended Monthly Payment Agreement for the remainder of the months following such changes.
- ☐ NO change in Monthly Payment. Changes in the policy involving additional or return premiums will not be reflected in an amended Monthly Payment Agreement but will be charged in full at the time of change.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	12/19/2008
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**Comments:**

**Attachment:**

AR P&C Transmittal.pdf

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	12/19/2008
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**Comments:**

**Attachment:**

AR CO 00 68 09 08.pdf





# Acceptance Casualty Insurance Company

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702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

December 8, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: Acceptance Casualty Insurance Company  
FEIN# 47-0792732 NAIC # 10349  
Commercial Automobile  
Filing # 08-575

Dear Commissioner Bowman,

Acceptance Casualty Insurance Company, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf, for Commercial Automobile coverage, to the extent permitted by law. At this time we wish to file the following form for our Commercial Automobile Program:

- CO 00 68 09 08 Monthly Payment Agreement

Attached is a copy of the form we are adopting for your review. We wish this form to be effective for new business on February 1, 2009 and March 1, 2009 for renewal business.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at [ldebnam@ofc-wic.com](mailto:ldebnam@ofc-wic.com).

Kind Regards,

Latesha Debnam  
Regulatory Compliance  
State Filing Technician